

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT										
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1					61							
2		1		1				62							
3								63							
4								64							
5								65							
6								66							
7								67							
8								68							
9								69							
10								70							
11	1		1					71							
12								72							
13								73							
14								74							
15								75							
16								76							
17	1		1					77							
18								78							
19								79							
20								80							
21	1		1					81							
22								82							
23								83							
24	1		1					84							
25								85							
26								86							
27								87							
28								88							
29								89							
30								90							
31								91							
32								92							
33								93							
34								94							
35								95							
36								96							
37								97							
38								98							
39								99							
40								100							
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL NO.	6		6					TOTAL NO.							
TOTAL OFF.	13		13					TOTAL OFF.							
TOTAL	19		19					TOTAL							